



TRANSMITTAL FORM AND FEE TRANSMITTAL

AF/1714

Attorney/Docket No.:	12969	First Named Inventor (a):	Bitler
Application No.:	09/398,377	Filing Date:	09/17/99
Examiner:	Szekely, P.	Group Art Unit:	1714

(a) Where an inventor is not named, alphanumeric identifier provided in lieu thereof.

This Transmittal Sheet is accompanied by

Reply to Office Action mailed December 21, 2000 (including marked up version of amended claims)
and
an Acknowledgement Postcard

Fee Calculations

Box AF

It is believed that no fee is due

	Applicable Fee	Fee Paid
(1) Filing fee	710/355	(\$)

(2) Extra claim fees

Claims in specification as filed

	No. in Specifica- tion or after Amendment	No. Included in Filing Fee or Pre- viously Paid For	No. Extra (b)	Applicable Fee	Fee Paid
Total Claims	20	20		x 18/9 (ea)	
Independent Claims	2	3		x 80/40 (ea)	
Multiple dependent claim(s) presented for first time (c)			No	270/135	
Subtotal (2) Extra claim fees					(\$)

(b) If less than zero, enter "0."

(c) Pay fee if "yes" entered.

(3) Additional or other fees (Small Entity)

	Fee Paid
Extension for Reply	
Subtotal (3) Additional or other fees	(\$)

Total Fees

Total Fees Submitted (Sum of Subtotals (1), (2), and (3))	(\$)
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Authorization to Charge Deposit Account for Fees

The Assistant Commissioner for Patents is hereby authorized to charge any fees required under 37 CFR §§ 1.16 and 1.17, to the following deposit account.

Deposit Account No: 19-2090

Deposit Account Name: Sheldon & Mak

CERTIFICATE OF MAILING (37 CFR 1.8)	
I hereby certify that this paper or fee is being deposited with the United States Postal Service as first class mail in an envelope addressed to the Assistant Commissioner for Patents, Washington, DC 20231, on the date indicated below:	
Date of deposit:	March 12, 2001
Name (printed):	T. H. P. Richardson
Signature:	

Respectfully Submitted,

Name T. H. P. Richardson
Tel. No. 650-854-6304
Fax No. 626-795-6321
Address Sheldon & Mak
225 South Lake Avenue
Pasadena
CA 91101

RECEIVED
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